

United States District Court
Violation Notice

Location Code <u>SC 31</u>	Violation Number <u>9052091</u>	Officer Name (Print) <u>Johnson</u>	Officer No. <u>9018</u>
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YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense <u>1715 2/11/2021</u>	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code <u>50 CFR 20.21(d)</u>
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Place of Offense
Saltflat LN/ Spottail CT Mt. Pleasant SC

Offense Description: Factual Basis for Charge HAZMAT

*Take migratory bird by aid
or use of motor vehicle*

DEFENDANT INFORMATION Phone: (843) 312-3928

Last Name <u>Shoemaker</u>	First Name <u>Caleb</u>	M.I. <u>M</u>
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Street Address
1211 Lem Rd

City <u>Cordesville</u>	State <u>SC</u>	Zip Code <u>29434</u>	Date of Birth <u>5/9/2001</u>
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Drivers License No. <u>104637061</u>	CDL <input type="checkbox"/>	D.L. State <u>SC</u>	Social Security No. <u>511-00-1234</u>
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<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair <u>BRN</u>	Eyes <u>HAZ</u>	Height <u>6'0</u>	Weight <u>275</u>
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VEHICLE	VIN:	CMV <input type="checkbox"/>			
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Tag No.	State	Year	Make/Model	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED

A If Box A is checked, you must appear in court. See instructions.

PAY THIS AMOUNT AT
www.cvb.uscourts.gov

APPEARANCE IS OPTIONAL

B If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.

\$ _____ Forfeiture Amount
+ \$30 Processing Fee

\$ _____ Total Collateral Due

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address <u>Charleston Federal Courthouse 85 Broad St Charleston, SC 29401</u>	Date <u>6/3/2021</u>
	Time <u>10:00 AM</u>

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy



9052091

CVB SCAN 02/25/2021 12:37

United States District Court
Violation Notice

Location Code SC 31	Violation Number 9052092	Officer Name (Print) Johnson	Officer No. 9018
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YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense 1715 21/11/2021	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code 50 CFR 20.21(j)
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Place of Offense Saltflat Ln/Spottail Ct mt. Pleasant SC
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Offense Description: Factual Basis for Charge Take waterfowl with lead shot.	HAZMAT <input type="checkbox"/>
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DEFENDANT INFORMATION Phone: (843) 312 - 3928

Last Name Shuemaker	First Name Caleb	M.I. M
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Street Address 1211 Lem Rd

City Cordesville	State SC	Zip Code 29434	Date of Birth 5/9/2001
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Drivers License No. 104637061	CDL <input type="checkbox"/>	D.L. State SC	Social Security No.
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<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair BRN	Eyes HAZ	Height 6'0	Weight 275
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VEHICLE	VIN: 	CMV <input type="checkbox"/>
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Tag No. 	State 	Year 	Make/Model 	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED	APPEARANCE IS OPTIONAL
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A <input checked="" type="checkbox"/> If Box A is checked, you must appear in court. See instructions.	B <input type="checkbox"/> If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.
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\$ 	Forfeiture Amount
+ \$30 Processing Fee	

PAY THIS AMOUNT AT www.cvb.uscourts.gov	\$ 	Total Collateral Due
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YOUR COURT DATE (If no court appearance date is shown, you will be notified of your appearance date by mail.)	
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Court Address Charleston Federal Courthouse 85 Broad St Charleston, SC 29401	Date 6/3/2021
	Time 10:00 AM

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy



9052092

CVB SCAN 02/25/2021 12:37

**United States District Court
Violation Notice**

Location Code SC 31	Violation Number 9052093	Officer Name (Print) Johnson	Officer No. 9018
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YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense 1715 24/11/2021	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code 50 CFR 20.22
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Place of Offense Saltflat LN/Spottail CT Mt. Pleasant SC
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Offense Description: Factual Basis for Charge Take bird during a closed season.	HAZMAT <input type="checkbox"/>
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DEFENDANT INFORMATION Phone: (843) 312 - 3928

Last Name Shoemaker	First Name Caleb	M.I. M
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Street Address 1211 Lem Rd

City Cordesville	State SC	Zip Code 29434	Date of Birth 5/8/2001
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Drivers License No. 104637061	CDL <input type="checkbox"/>	D.L. State SC	Social Security No.
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<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair BRN	Eyes HAZ	Height 6'0	Weight 275
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VEHICLE	VIN: 	CMV <input type="checkbox"/>
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Tag No. 	State 	Year 	Make/Model 	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED		APPEARANCE IS OPTIONAL	
A <input checked="" type="checkbox"/> If Box A is checked, you must appear in court. See instructions.		B <input type="checkbox"/> If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.	
		\$ _____	Forfeiture Amount
		+ \$30	Processing Fee
		\$ _____	Total Collateral Due

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(If no court appearance date is shown, you will be notified of your appearance date by mail.)

YOUR COURT DATE

Court Address Charleston Federal Courthouse 85 Broad St Charleston, SC 29401	Date 6/3/2021
	Time 10:00 AM

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X Defendant Signature

Original - CVB Copy



9052093

CVB SCAN 02/25/2021 12:37

**United States District Court
Violation Notice**

Location Code	Violation Number	Officer Name (Print)	Officer No.
SC 31	9052094	Johnson	9018

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code
1715 2/11/2021	50 CFR 20.25

Place of Offense	Salflat Ln / Spottail CT Mt. Pleasant SC
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Offense Description: Factual Basis for Charge	HAZMAT <input type="checkbox"/>
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Wanton Waste

DEFENDANT INFORMATION Phone: (843) 312-3928

Last Name	First Name	M.I.
Shoemaker	Caleb	m

Street Address	1211 Lcm Rd
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City	State	Zip Code	Date of Birth
Cordesville	SC	29434	5/19/2001

Drivers License No.	CDL <input type="checkbox"/>	D.L. State	Social Security No.
104637061	<input type="checkbox"/>	SC	

<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair BRN	Eyes HAZ	Height 6'0	Weight 275
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VEHICLE	VIN:	CMV <input type="checkbox"/>
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Tag No.	State	Year	Make/Model	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED

A If Box A is checked, you must appear in court. See instructions.

PAY THIS AMOUNT AT
www.cvb.uscourts.gov →

APPEARANCE IS OPTIONAL

B If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.

\$ _____
Forfeiture Amount
+ \$30 Processing Fee

\$ _____
Total Collateral Due

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address	Date
Federal Courthouse Charleston 85 Broad St Charleston, SC 29401	6/13/2021
	Time
	10:00 AM

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy



9052094

CVB SCAN 02/25/2021 12:37

**United States District Court
Violation Notice**

Location Code	Violation Number	Officer Name (Print)	Officer No.
SC 31	9052095	Johnson	9018

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense MM/DD/YYYY 8/11/2021	Offense Charged <input checked="" type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code 50 CFR 20.72
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Place of Offense Sailflat Ln/ Sput tail CT Mt. Pleasant SC
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Offense Description: Factual Basis for Charge Tresspass to hunt waterfowl SC / 50-11-10A Code 591	HAZMAT <input type="checkbox"/>
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DEFENDANT INFORMATION Phone: (843) 312-3928

Last Name Shoemaker	First Name Caleb	M.I. M
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Street Address 1211 Leon Rd

City Cordesville	State SC	Zip Code 29434	Date of Birth 5/9/2001
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Drivers License No. 104637061	CDL <input type="checkbox"/>	D.L. State SC	Social Security No. 104637061
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<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair BRN	Eyes HAZ	Height 6'0	Weight 275
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VEHICLE	VIN:	CMV <input type="checkbox"/>
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Tag No.	State	Year	Make/Model	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED	APPEARANCE IS OPTIONAL
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A <input checked="" type="checkbox"/> If Box A is checked, you must appear in court. See instructions.	B <input type="checkbox"/> If Box B is checked, you must pay the total collateral due or in lieu of payment appear in court. See instructions.
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\$ _____	Forfeiture Amount
+ \$30 Processing Fee	

\$ _____	Total Collateral Due
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CVB SCAN 02/25/2021 12:37

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address Charleston Federal Courthouse 85 Broad St Charleston, SC 29401	Date 6/3/2021
	Time 10:00 AM

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature

Original - CVB Copy



9052095